



Caregiver Medically Related Request For Time Off

*Request may take up to 24 hours to be reviewed. All fields are required.

Name: _____ EE#: _____

Date(s) Requested Off: _____ to _____

Expected Return Date: _____ Total Number of Days Off: _____

Important Notice About Your Request

To qualify for FMLA/Military Caregiver Leave, you must be employed with MCFI Home Care for 12 consecutive months and have worked at least 1,000 hours. You are required to submit the *Certification of Health Care Provider* form which must be completed by your physician and returned within 15 business days from the date you received the form. If you fail to meet these requirements, your request may be denied.

If your leave extends beyond the 12 weeks for FMLA, 26 weeks for Military Caregiver Leave, or 8 weeks for Leave of Absence, please contact HR immediately in order to discuss the specifics that are keeping you from returning.

Your request must be approved by Human Resources in advance prior to taking leave. Your Team Lead/Client Care Coordinator will be kept updated on your return to work status.

Reason for Time Off (please check all that apply):

Requested Leave Types *Requires a Return to Work notice.

- Illness/Injury*
- Surgery/Follow up Appointment*
- Care for a Family Member's Illness*

Family Member Relationship: _____

- Military Leave*

Request received via:

- Text message
- Email
- Phone call

TL/CCC note in database (please initial): _____

Employee Comments: _____

Employee Signature (optional): _____ Date: _____

Administrative Use Only

Team Lead/Client Care Coordinator

____ Scan & email to Benefits Specialist Date: _____

Human Resources

Caregiver qualification: FMLA/LOA Approved / Denied

(Initial Below Once Completed)

____ FMLA/LOA paperwork given to caregiver ____ Return to Work notice received ____ Note entered in database

Human Resources Signature

Date

Routing: Human Resources for medically related requests for time off.